

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
	1						51	/		
2							52	/		
3							53	/		
4							54	/		
5							55	/		
6							56	/		
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41		/					91			
42		/					92			
43		/					93			
44		/					94			
45		/					95			
46		/					96			
47	/						97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.	2		
TOTAL DEP.							TOTAL DEP.	22		
TOTAL CLAIMS							TOTAL CLAIMS	24		

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